Contents: Human Subjects Research

Effective: **September 2004**

Point of Contact: Institutional Review Board (IRB) Administrator

Section	Overview of Content (see section for full process)
Introduction	
1. Obtaining Approvals for Human Subject Research	• Determine level of review and approval requirements. • Submit application package for review to the Institutional Review Board (IRB). • Complete application and required training to obtain Credentialing Approval. • Obtain approval from the Clinical Research Center (CRC) Manager to begin research. • Ensure all staff are familiar with the approved protocol. • Review, update, and obtain approval for proposed changes or addenda to the protocol. • Complete and return the continuing review package. • Submit the termination form to terminate a protocol.
2. Implementing the Clinical Research Protocol	• Set up an Investigator File. • Prepare Case Report Forms. • Determine Standing Orders with Responsible Physician. • Review research coordination issues with CRC Secretary. • To implement Protocol Addendum, submit Addendum Form to IRB for approval. • Following approval, update protocol and Case Report Forms. • Inform appropriate staff.

3. Conducting Clinical Research	• Recruit, select, and enroll human research subjects. • Obtain informed consent. • Perform study. • Complete follow-up procedures. • Return all Subject Records to the CRC. • Report any deviation from the protocol. • Develop a corrective action plan for a protocol violation as required. • Contact BNL Emergency Response, CRC Manager, and IRB in case of serious adverse event. • Satisfy review and reporting responsibilities as applicable.

Definitions

Exhibits

Elements of a Case Report Form (CRF)
Elements of a Subject Record
Elements of an Investigator File
Points to Consider When Preparing a Research Protocol

Forms

Exempt Human Subjects Research Application
Informed Consent for Participation in Research
IRB Application Package Checklist
Proposal Summary
Protocol Addendum
Request for IRB Review
Research Protocol
Study Termination

Training Requirements and Reporting Obligations

This subject area contains training requirements. See the Training and Qualifications Web Site.

This subject area contains the following reporting obligations:

- For protocols that have Radioactive Drug Research Committee Review (RDRC) approval, the RDRC Chair submits an annual report to the FDA prior to January 15 of each year.

See section Reporting Responsibilities of this subject area.

References

Institutional Review Board (IRB) Web Site

Records Management Subject Area

Training and Qualifications Web Site

Standards of Performance

Research involving human and animal subjects shall be conducted in a manner so as to ensure that the subjects' welfare and rights are fully protected.

Management System

This subject area belongs to the **Science and Technical Program Management** management system.

Back to Top

1.1-092004-/standard/2v/2v00t011.htm

Send a question or comment to the SBMS Help Desk
Disclaimer

Introduction: Human Subjects Research

Effective: **September 2004**

Point of Contact: Institutional Review Board (IRB) Administrator

This subject area describes the procedures which are required for initiating and implementing research involving human subjects. A human subject is defined as a living individual about whom an investigator obtains either 1) data through intervention or interaction with the individual, or 2) identifiable, private information about an individual. Research is defined as a systematic investigation designed to produce generalizable knowledge, and may involve direct interactions or interventions (such as blood withdrawal, injection of compound, scanning, or use of questionnaires) or indirect interactions (e.g., analysis of specimens or data).

All research protocols that require the participation of human subjects must be approved by the BNL Institutional Review Board (IRB) before research under such a protocol can begin. BNL's IRB has jurisdiction over all research involving human subjects performed at BNL regardless of the Principal Investigator's (PI) appointment or relationship with BNL. The primary purpose of the IRB is to review each research protocol to assure the appropriate evaluation of the informed consent process, risks, benefits, and safeguards to the subject's health, safety, and right to privacy. The IRB's function is to assure that risks to research subjects are minimized, that risks are reasonable in relation to the anticipated benefits, that subjects voluntarily and knowingly participate as evidenced by sound, informed consent processes, and that subjects' privacy and confidentiality are protected. Once a research protocol involving human subjects is approved by the IRB, research must be conducted according to the IRB-approved protocol and in compliance with IRB and Clinical Research Center (CRC) policies and procedures. Protocol compliance is a crucial element of the IRB process because it is the collective effort of individual investigators that ensures the integrity of the BNL Clinical Research Program.

Brookhaven National Laboratory (BNL) maintains a Federal Wide Assurance (FWA) with the Office of Human Research Protections (OHRP), a division of the U.S. Department of Health and Human Services (HHS). The FWA assures HHS that BNL follows procedures to ensure the protection of all human subjects involved in research projects as mandated by federal policy. This assurance applies to all human subject research conducted at BNL, regardless of funding source. BNL abides by all other federal, state, and local guidelines regulating human subjects research.

Back to Top

Back to Top

1.0-092004/standard/2v/2v00i011.htm

Send a question or comment to the SBMS Help Desk
Disclaimer

Subject Area: ***Human Subjects Research***

1. Obtaining Approvals for Human Subject Research

Effective: **September 2004**
Point of Contact: Institutional Review Board (IRB) Administrator

Applicability

This information applies to investigators performing research with human subjects.

Required Procedure

Obtaining Approvals for Human Subject Research contains six sub-sections:

1.1 Initial Protocol Approval

Research involving human subjects is initiated only when approved by the Principal Investigator's (or designee) Department Chair/Division Manager, the Institutional Review Board (IRB), the Radioactive Drug Research Committee (RDRC), if applicable, and the Clinical Research Center (CRC) Manager. Other BNL or federal approvals may also be required.

Principal Investigators (PIs) proposing research with human subjects follow the procedure below to obtain the required approvals.

Step 1	Discuss the proposed research with the IRB Administrator to determine level of review and approval requirements. The IRB Administrator specifies which of the following documents to include in the IRB application package:

	• Request for IRB Review; • Research Protocol (review the Points to Consider When Preparing a Research Protocol exhibit); • Informed Consent for Participation in Research form; • Proposal Summary form; • Grant or funding application; • Questionnaires/surveys; • Advertisement; • Approval(s) and consent form(s) from collaborating institution(s); • Exempt Human Subjects Research Application. **Note:** All forms are also accessible from the Institutional Review Board (IRB) Web Site.
Step 2	Obtain departmental approvals and funding for the proposed research. See the IRB Application Package Checklist exhibit to ensure all documentation and signatures are obtained prior to submission to the IRB.
Step 3	Submit the application package to the IRB Administrator to initiate the review process. See the Institutional Review Board (IRB) Web Site for current submission deadlines and IRB meeting dates.
Step 4	The IRB Administrator submits the application package to the RDRC if such review is required. RDRC approval must be obtained prior to IRB review and approval.

1.2 Protocol Addendum

Any addendum to the protocol must be approved by the IRB prior to its implementation. Minor addenda may be approved via expedited review. Expedited review is appropriate for an addendum that covers minor changes to an approved IRB protocol where the changes will result in no more than a minimal risk to the subject. If the addendum is major, full board review is required. If the addendum changes the purpose of the protocol, a new protocol is required. See Definitions for more information.

The PI follows the steps below to obtain protocol addendum approval:

Step 1	Discuss the proposed changes to the protocol with the IRB Administrator to determine the level of review and approval requirements. The IRB Administrator specifies which of the following documents to include in the addendum package: • Request for IRB Review; • Protocol Addendum; • Revised Research Protocol section; • Revised Informed Consent for Participation in Research form*;* • Questionnaires/surveys; • Advertisement;

	• Advertisement; • Approval(s) and consent form(s) from collaborating institution(s).
Step 2	Track proposed changes on the revised Research Protocol and consent form(s) as part of the addendum package to be submitted. E-mail revised consent form to IRB Administrator.
Step 3	Obtain departmental approvals for the proposed changes. See the IRB Application Package Checklist exhibit to ensure all documentation and signatures are obtained.
Step 4	Submit the addendum package to the IRB Administrator. See the Institutional Review Board (IRB) Web Site for submission due dates and IRB meeting dates. Expedited review is processed when requested.
Step 5	Following receipt of IRB approval memo, update protocol to include addendum and print and sign new version with IRB approval date. Send signed original and e-mail electronic version to IRB Administrator.
Step 6	Ensure all staff are notified of addendum.
Step 7	Contact the CRC Manager to update any CRC forms, if any.

1.3 Protocol Continuing Review

Protocols are approved for a specified time period (not more than one year) by the IRB during the initial and/or addendum review. The approval period for a protocol is noted on the IRB approval memo sent to the PI. Continuing review by the IRB is required to continue research beyond the approval period.

Step 1	The IRB Administrator (or designee) sends a continuing review package approximately two months prior to the approval expiration date of the protocol. The package includes the following: • IRB Protocol Status Memo; • Current recap sheet for the protocol; • Current IRB Proposal Summary form; • Current approved Consent form(s).
Step 2	The PI completes the IRB Protocol Status Memo form and obtains all required signatures.
Step 3	The CRC Manager checks the subject accrual data for accuracy. Subjects are listed as "complete" when they have completed the primary objective of the protocol, even if there are secondary objectives that still require completion.
Step 4	PI reviews the Consent form(s), IRB Proposal Summary form, and recap to

Step 4	PI reviews the Consent form(s), IRB Proposal Summary form, and recap to ensure that they are updated and accurately reflect the current protocol. PI updates the Proposal Summary to reflect any addenda since the previous continuing review, and submits any necessary changes to the IRB Administrator via e-mail.
Step 5	The PI returns the signed IRB Protocol Status Memo to the IRB Administrator by the date indicated on the IRB Protocol Status Memo. The returned package includes the following: • Summary of any research findings during the past year; • Copies of any pertinent publications published during the past year regarding the PI or other's research; • Copies of any reports sent to the funding agency (optional); • IRB approval and consent forms from collaborating institutions.

1.4 Protocol Termination

The PI follows the steps below to terminate a protocol:

Step 1	Complete the Study Termination form.
Step 2	Submit the form to the IRB Administrator.
Step 3	Inform all personnel associated with the study that the protocol has been terminated.
Step 4	Comply with the Records Management Subject Area requirements for human subjects research records. **Note:** PIs must maintain records according to an approved DOE retention schedule, or according to sponsor requirement, whichever is longer.

1.5 Obtaining Credentialing Approval

In order to maintain a safe and effective clinical research environment, CRC staff participate in training and educational programs appropriate to their duties and assignments. Such training and education is considered by the Credentialing Committee when conferring privileges or approving membership to the CRC staff.

The PI follows the steps below to obtain Credentialing Approval:

Step 1	PI contacts the Office of Research Administration (ORA) Administrator for an application package.

Step 2	PI completes application for self and all personnel working on a protocol and indicates which privileges are to be obtained. PI submits completed application to ORA (Building 490).
Step 3	ORA processes the application before review by the Credentialing Committee to determine what task-specific training is required.
Step 4	Perform all required training. See the Training and Qualifications Web Site. **Note:** All CRC-licensed Clinical Staff must obtain the training required to maintain his or her license.
Step 5	Credentialing Committee reviews application and documentation of training and notifies applicant of decision.
Step 6	Personnel need to be initially credentialed only once. Check with the ORA Administrator to determine if an individual requires credentialing. All personnel are re-credentialed biennially. **Note:** All personnel must be credentialed or on escort status before starting work on a human subject research protocol.

1.6 Obtaining CRC Approval

The PI follows the steps below to obtain CRC approval:

Step 1	Following receipt of the IRB Approval Memo, contact the CRC Manager to arrange protocol approval before initiating research.
Step 2	Arrange a meeting with the CRC Manager and research team.
Step 3	Obtain Approval Memo from CRC Manager to begin study.

Guidelines

Involve the IRB Administrator as early as possible in the approvals process to ensure timely review of new proposals, revisions, and/or continuing reviews.

References

Institutional Review Board (IRB) Web Site

Records Management Subject Area

Training and Qualifications Web Site

| Continue to Next Page |

Back to Top

1.0-092004/standard/2v/2v01d011.htm

Send a question or comment to the SBMS Help Desk
Disclaimer

Subject Area: ***Human Subjects Research***

2. Implementing the Clinical Research Protocol

Effective: **September 2004**
Point of Contact: Clinical Research Center (CRC) Manager

Applicability

This information applies to Principal Investigators (PIs) initiating human subjects research under a protocol approved by the Institutional Review Board (IRB).

Required Procedure

The BNL Clinical Research Center (CRC) supports only human subjects research projects that are approved by the IRB. Following IRB and CRC approval and before research begins, the PI follows this procedure to implement a new or addended clinical research protocol.

This section contains two sub-sections:

2.1 Implementing a New Protocol

Step 1	Set up an Investigator File. The contents of this file are protocol-specific but should follow the format presented in the Elements of an Investigator File exhibit in this subject area.
Step 2	Prepare Case Report Forms. See the Elements of a Case Report Form (CRF) exhibit in this subject area.
Step 3	Confer with the Responsible Physician to determine the Standing Orders (see Definitions) necessary for the conduct of the research.
Step 4	Contact the CRC Secretary to discuss the new protocol and clarify issues such as:

	• Subject fee reimbursement; • Subject scheduling; • Transportation requirements; • Meal requirements; • Greeting instructions; • Lab tests; • Any other research coordination issues.
Step 5	Ensure that all staff assigned to carry out the protocol are familiar with, and have access to, all documents pertinent to the study.

2.2 Implementing a Protocol Addendum

When the IRB approves an addendum to an existing protocol**,** the PI completes the following steps to implement the protocol addendum:

Step 1	Update the Investigator File with all addendum documentation.
Step 2	Consult with the Responsible Physician to revise the Subject Records to reflect the addended protocol.
Step 3	Revise the Case Report Forms to reflect the revised protocol procedures.
Step 4	Contact the CRC Secretary to discuss the revised protocol procedures.
Step 5	Ensure that all staff assigned to carry out the protocol are familiar with the addendum.
Step 6	If revisions to the Subject Record format or Case Report Forms are required, inform the CRC Manager.
Step 7	Verify that the most recent IRB-approved version of Consent Form is used.

| Go to Previous Page | Continue to Next Page |

Back to Top

Subject Area: ***Human Subjects Research***

3. Conducting Clinical Research

Effective: **September 2004**
Point of Contact: Clinical Research Center (CRC) Manager

Applicability

This information applies to Principal Investigators (PIs), research team members, and Clinical Research Center (CRC) staff when conducting human subjects clinical research under an Institutional Review Board (IRB)-approved protocol.

Required Procedure

Conducting Clinical Research contains five sub-sections:

3.1 Recruiting, Selecting, and Enrolling Research Subjects

The PI performs the following steps to recruit, select, and enroll human research subjects:

Step 1	Adhere to the subject recruitment process documented in the IRB-approved Research Protocol. **Note:** Staff supervised by the PI are not eligible to participate in the study.
Step 2	Select the study subjects based on the Inclusion/Exclusion Criteria from the Research Protocol for the Subject Records. Document whether subjects meet eligibility criteria on the form.

Step 3	All subjects are enrolled through the CRC. Notify the CRC Secretary when a subject has been identified for participation in the study, at minimum, one day before the study begins. Provide the CRC Secretary with the following: • Date and time of study; • Subject's name; • Birth date; • Protocol number under which the research will be conducted; • Name of the Participating or Responsible Physician for the study.
Step 4	Obtain informed consent from subjects prior to conducting any aspect of the protocol, including screening tests, by explaining the protocol and requesting the subjects sign the Informed Consent for Participation in Research form. Adhere to the informed consent process documented in the research protocol and observe the following: • Consent may only be obtained by staff credentialed by the CRC to obtain informed consent. • IRB must pre-approve any changes to the informed consent document. • A signed consent form constitutes enrollment. • For studies lasting several months, subjects may be required to review their consent forms and the protocol.
Step 5	Track the number of subjects enrolled in a research protocol to ensure the approved number of subjects is not exceeded.
Step 6	During and after the study, protect the privacy of subjects and maintain confidentiality of study data. Refer to the subject by CRC Identification Number, rather than by name. **Note**: Records remain in the CRC when not in use and must be returned to the CRC within three working days.
Step 7	Complete the follow-up procedures as planned in the IRB-approved protocol.
Step 8	Document the follow-up in the Subject Records. See Elements of a Subject Record exhibit in this subject area.

	Note: The follow-up assists in determining the welfare of the subject, but may also be used to inform the subject of the study findings, if appropriate and applicable.

3.2 Handling and Maintaining Study Documents

The PI performs the following steps to handle and maintain study documents:

Step 1	Ensure all Subject Records, Investigator Files, and Case Report Forms are maintained and kept current in accordance with Good Clinical Practice guidelines. **Note:** The Office of Research Administration (ORA) reviews subject charts for Compliance Monitoring as part of Protocol Start-up and Continuing Review.
Step 2	Return all Subject Records to the CRC Main Desk within three working days. **Note:** Failure to return Subject Records on time may result in delay of enrollment of additional subjects.
Step 3	Comply with the Records Management Subject Area requirements for human subjects research records by completing the Human Experimentation Form for each series of Human Research record. All records must be maintained according to an approved DOE retention schedule, or in accordance with sponsor requirements, whichever is longer.

3.3 Deviating From the Protocol

Research investigators may not change a protocol without prior review and approval from the IRB, except when it is necessary to eliminate an immediate hazard to a study subject. If a protocol is changed for emergency reasons, the change is documented and signed by the subject, as proof of subject consent. In the event of a protocol deviation, follow the procedure below.

Step 1	Any deviation from an approved protocol must be reported to the PI, who informs the CRC Manager, IRB Chair, and/or Institutional Official for the Human Subjects Research Program.
Step 2	The CRC Manager reviews the protocol and relevant documentation, evaluates the significance of the deviation, and categorizes the event.
Step 3	The CRC Manager notifies the IRB of the findings. The IRB may alter the categorization of a protocol deviation following its review, in which case the IRB notifies the CRC Manager.

Step 4	The PI develops a corrective action plan for a protocol violation and submits it to the CRC Manager for review and approval.

3.4 Adverse Event Reporting

An Adverse Event must be reported even if there is no obvious causal relationship between the protocol procedures and the event. To report an Adverse Event, the PI does the following:

Step 1	In the case of a Serious Adverse Event, the PI (or designated responsible person such as the participating physician or the nurse who witnessed the incident) must take the following steps: • Call BNL Emergency Response (extension 2222) or 911; • Notify the CRC Manager and the IRB Administrator; • If the Serious Adverse Event occurs at night or on the weekend, notify the CRC Manager and IRB Administrator at the start of the next business day; • Complete and submit a Serious Adverse Event Form within 24 hours. In the case of a Nonserious Adverse Event, the PI takes the following steps: • Complete a Nonserious Adverse Event Report Form. • Within 30 days, forward the Nonserious Adverse Event Report Form to IRB Administrator.
Step 2	The PI documents in the Subject Record any follow-up actions taken, including the following: • Description of the action taken; • Identification of the individual who took the action; • Date and outcome of action.
Step 3	The Quality Assurance, Care and Safety Committee (QACSC) reviews and finalizes the Adverse Event Report.

3.5 Reporting Responsibilities

The PI must meet the continuing review and reporting requirements listed below, as applicable.

. .

Step 1	The PI must submit an IRB continuing review package as described in Section Protocol Continuing Review of this subject area.
Step 2	For protocols that have Radioactive Drug Research Committee Review (RDRC) approval, the RDRC Chair submits an annual report to the FDA prior to January 15 of each year. The RDRC may contact the PI for information concerning use of radioactive materials.
Step 3	For FDA/IND Annual Reporting requirements, the sponsor or sponsor-investigator must submit to the FDA a progress report for an Investigational New Drug (IND) study within 60 days of the date the IND went into effect.
Step 4	The PI complies with reporting requirements of the institution(s) providing funding for the protocol.
Step 5	The PI provides information on the status of subject record reviews to the QACSC as requested.

References

Records Management Subject Area

| Go to Previous Page |

Back to Top

1.1-092004/standard/2v/2v03d011.htm

Send a question or comment to the SBMS Help Desk
Disclaimer

Definitions: Human Subjects Research

Effective: **September 2004**
Point of Contact: IRB Administrator

Term	Definition
adverse event	An undesirable effect, either expected or unexpected, which occurs from the time a subject signs consent until the subject's final study follow-up is completed. Adverse events are defined as serious or nonserious: • **Serious Adverse Event.** An adverse event is considered serious if it is fatal, life threatening, requires hospitalization, prolongs hospitalization, results in persistent or significant disability, causes birth defects, or requires medical or surgical intervention to prevent one of the outcomes listed above. • **Nonserious Adverse Event.** An adverse event is considered nonserious if it is not serious as defined above.
Good Clinical Practice	Good Clinical Practice (GCP) is an international ethical and scientific quality standard for designing, conducting, recording, and reporting trials that involve human subjects.
human subject	A living individual from whom an investigator obtains either (1) data through intervention or interaction with the individual or (2) identifiable, private information about that individual.
human subjects research	Human subjects research includes a wide variety of activities, such as in vivo and in vitro studies; research on medical records; collection of data through surveys or observation; research using existing pathological specimens, discarded tissue or secretions; use of investigational drugs or devices; and randomized trials.
Institutional Review Board (IRB)	The BNL committee authorized to review and approve, approve with conditions, or disapprove protocols involving human subjects.

major addendum	A change to the protocol that changes the scientific validity of the protocol and/or has medical implications for the subject.
minor addendum	A change to the protocol that includes the following: • Rewording of the protocol and/or consent form to clarify or correct; • Reformatting of the protocol or consent form; • Reduction of the number of subjects to be enrolled in the protocol; • Reduction in the dose of any drug or radiotracer given to the subject; • Reduction in the level of radiation to which the subject is exposed; • Changes in the recruitment plan or the announcements used for such recruitment.
Principal Investigator (PI)	The researcher with the primary responsibility for the design and conduct of a clinical study.
protocol nonconformance	Any deviation that does not harm or potentially harm a subject and does not compromise the integrity of the study. It is generally associated with administrative inconsistencies or minor errors in the implementation of the protocol.
Protocol violation	Any deviation that results in actual or potential harm to the subject or has an effect on the integrity of the study data.
research	A systematic investigation designed to produce generalizable knowledge. This may involve direct interactions or interventions (e.g., blood withdrawal, injection of compound, scanning, use of questionnaires) or indirect interactions (e.g., analysis of specimens or data).
Responsible Physician	The assigned physician who provides overall clinical care of human subjects in accordance with Good Clinical Practices.
Standing Orders	Detailed instructions regarding all clinical steps associated with the research protocol, including procedures (e.g., questionnaires, blood or urine screenings) and pharmaceutical administration instructions.

Back to Top

1.0-092004 - File Name Not Found

1.0 00200.4 - File Name Not Found

Send a question or comment to the SBMS Help Desk
Disclaimer

Subject Area: ***Human Subjects Research***

Elements of a Case Report Form (CRF)

Effective: **September 2004**

Point of Contact: Clinical Research Center (CRC) Manager

Case Report Forms (CRFs) are essential documents included in the Investigator File. CRFs may be printed or electronic documents.

To include all data required by the study, a complete set of CRFs is produced for each subject entered into the research protocol and included in the Subject Record for completion during the study. The contents of CRFs are protocol-specific, but should include the following information:

- Study Flow Sheet;
- Inclusion/Exclusion Criteria (Subject Eligibility Checklist);
- Medical history and physical;
- Radioisotope summary (if applicable);
- Mini-mental exams (if applicable);
- Lab reports;
- Rating scales;
- Study outcome;
- Adverse events;
- Drug accountability;
- Other protocol-specific documentation.

Protocol-required data is consistent with source documents and reported accurately in the CRF. All developments, including the following, must be dated, initialed, and explained in accordance with the protocol:

- Any discrepency, change, or correction;
- Any adverse events, concomitant medications, and intercurrent illnesses;
- Tests or examinations that are not conducted;
- Any missed appointments, dropouts, or withdrawals.

Back to Top

1.0-092004/standard/2v/2v12e011.htm

Send a question or comment to the SBMS Help Desk
Disclaimer

Subject Area: ***Human Subjects Research***

Elements of an Investigator File

Effective Date: **September 2004**
Point of Contact: Clinical Research Center (CRC) Manager

The Principal Investigator (PI) must prepare and maintain an Investigator File for each Institutional Review Board (IRB)-approved protocol, prior to the start of the study. The exact contents of the file are protocol-specific but should contain the following elements:

Section 1	• Full Protocol; • Proposal Summary; • Unsigned consent form(s); • All IRB correspondence; • IRB Approval Memo; • Annual recertification; • Amendments and addendums; • Collaborating Institution Protocol, consent forms, and Approval (if applicable); • Signature List.
Section 2	• Completed FDA Form 1572, Statement of Investigator (only for protocols which have an Investigational New Drug [IND]); • IND or Investigational Device Exemption (IDE) Correspondence (if applicable for protocol); • Biosketches (National Institutes of Health [NIH] format or other) of PI, Responsible Physician, and participating physicians; • Staff credential documentation.
Section 3	• Laboratory certification for any tests (including Occupational Medicine Clinic [OMC] certification); • Normal Laboratory Values (the normal ranges which are printed out on the lab report; a copy of a typical laboratory with normal values is sufficient).
	• Product information sheets where a drug is being given as part of

Section 4	• Product information sheets where a drug is being given as part of the protocol; • Drug accountability receipt, disposition records, and correspondence; • Investigator brochure where applicable; • Certificate of analysis for drugs which are not FDA approved (if required).
Section 5	• Case Report Form (CRF) (blank copy of the checklist); • Grant or Field Work Proposal (FWP) application (can be in another file but must be accessible; the face page and abstract should be in the Investigator File); • Location of Research Records (a statement of where records and data reside is sufficient); • Subject ID code list (or where in the CRC the list resides); • Subject screening log (or a note as to where the log is kept); • Certificate of Confidentiality (if required by protocol).
Section 6	• Subject Accrual Log; • Signed Consent Forms (or a note indicating the forms are in the Subject Record); • Adverse Event reports (signed copies); • Correspondences with funding agency and FDA (if IND study) regarding serious adverse events; • Correspondences with the CRC and other BNL organizations relative to the study; • CRC Approval memo; • Termination Form.

Back to Top

Subject Area: ***Human Subjects Research***

Elements of a Subject Record

Effective: **September 2004**

Point of Contact: Clinical Research Center (CRC) Manager

The Subject Record documents all elements of care provided to the subject during the course of the research study. All Subject Records are controlled by the Clinical Research Center (CRC), but it is the responsibility of the Principal Investigator (PI) to ensure that all Subject Records are accurate and complete, and handled in accordance with CRC policy. The exact contents of the Subject Record are protocol-specific but should contain the following elements:

Section 1	• Subject Information Form; • Radioisotope summary (internal or external); • Inclusion/Exclusion Criteria.
Section 2	• Medical history and physical; • Mental exam; • Progress notes; • Informed Consent Form; • Laboratory requests and STAT reports; • Volunteer Fee Payment Receipt Form; • Subject Information Checklist; • Standing Orders.
Section 3	Subject Questionnaire Form
Section 4	IRB Protocol-specific Forms
Section 5	Follow-up Form Prescriptions

Back to Top

1.0-092004/standard/2v/2v10e011.htm

Send a question or comment to the SBMS Help Desk
Disclaimer

Subject Area: ***Human Subjects Research***

Points to Consider When Preparing a Research Protocol

Effective Date: **September 2004**
Point of Contact: Institutional Review Board (IRB) Administrator

Investigators should consider the following when preparing a protocol:

Risk/Benefit Analysis	• Evaluate and describe both risks and anticipated benefits. • If the research involves the evaluation of a therapeutic procedure, make sure the risks and benefit of the research interventions have been evaluated separately from those of the therapeutic interventions. • Design protocol to minimize risks and maximize the likelihood of benefits. • Consider whether a continuing reassessment of the balance between risks and benefits will be required. • Indicate who will be recruiting and explaining the research to potential subjects. Consider whether subjects should be re-consented periodically. • Describe actions that would be taken if a study was interrupted (e.g., Could the subject return to complete at another time? If the subject is getting a radiotracer, when could he or she return to complete the study?). Such problems and solutions should be documented in the subject and investigator records.
Informed Consent	• All consent forms must be submitted using the approved BNL consent format. Always use the Institutional Review Board (IRB) Web Site for the most up-to-date consent form. The required elements of informed consent are contained in the form, as well as standard BNL paragraphs and instructions for completing the form. Consult the Consent Form Glossary for standard procedures. • The consent form must be written in lay language that is appropriate for the subject population and clearly provides an accurate assessment of the risks and anticipated benefits of the proposed research

	benefits of the proposed research. • A process for obtaining informed consent which enhances independent and thoughtful decision making, including who will obtain informed consent and where the process will take place, is a required element of the protocol application.
Selection of Subjects	• Subject recruitment is a required element of the protocol. The method and location of recruitment, including copies of advertisement(s) or recruitment script(s), must be included with the application. • Solicitation of identified, individual BNL employees is prohibited; however, employees may participate in a study if they meet the inclusion/exclusion criteria and are not directly supervised by either the PI or Responsible Physician. • Justify reasons for investigator participation in the research. • Subject pool must be equitable so that the burdens of participating in the research involve those more likely to benefit from the research and do not disproportionately affect any single group. • Justify the nature of the research using the proposed subject population. • Determine whether any special physiological, psychological, or social characteristics of the subject group might pose special risks for them and whether it is possible to conduct the study with other, less vulnerable subjects.
Pediatric Studies	• Waiver of parental consent for pediatric studies will not be granted by the BNL IRB. Information discovered at any time during a study that pertains to the health of a pediatric subject will be communicated by the PI or Responsible Physician to the subject's parent(s). Such information includes positive HIV and pregnancy test results. • A recruitment plan for pediatric subjects that does not require that first contact be with the child's parent(s) will require approval from Laboratory Management before the IRB can approve the protocol.
	• If sensitive information about individuals will be collected, adequate provisions for protecting the confidentiality of the data through coding, destruction of identifying information,

Privacy and Confidentiality	and limiting access to the data must be in place. Contact the CRC for specific guidelines. • If the information about subjects might interest law enforcement or other government agencies to the extent that they might demand personally identifiable information, consider obtaining a certificate of confidentiality from NIH.
Monitoring and Observation	• Describe how research data will be recorded and maintained. • Become familiar with the Adverse Event Reporting system. Serious adverse events must be reported to the CRC Manager and Office of Research Administration (ORA) immediately. Non-serious events must be reported to the CRC Manager within 72 hours. • A follow-up plan must be in place to determine the welfare of the subject, but may also be used to inform the subject of the findings of the study, if appropriate and applicable.
Additional Safeguards	• Design protocol such that recruitment procedures assure that informed consent is given freely. • Describe special safeguards that will protect the rights and welfare of subjects who are likely to be vulnerable to coercion or undue influence (e.g., children, prisoners, pregnant women, persons with physical or mental illness, and persons who are economically or educationally disadvantaged).
Incentives for Participation	• Make sure the incentives offered are reasonable based upon the complexities and inconveniences of the study and the particular subject population. • Subject payment must not be coercive or present undue influence. Payment amount and timing is a required element of both the protocol application and informed consent form.
Collaborating Institutions	• The collaborating institution's IRB must approve the protocol and consent form from the institution's PI. A copy of the IRB approval letter and the approved consent form must be obtained from the institution. These documents must be part of the package submitted by the PI to the ORA. Approvals must be updated on an annual basis as part of the annual review of the IRB protocol. • Collaborating institution(s) must be listed on the consent form. In order for an institution to be considered as a collaborator, researchers from the institution must participate in protocol design and/or in the conduct of the research program. **Note:** Institutions that merely recruit or refer subjects to BNL are not collaborating institutions.
Subject Follow-up	A follow-up plan is a required element of the protocol application. This follow-up should be used to determine the welfare of the

Subject Follow-up	subject, but may also be used to inform the subject of the findings of the study, if appropriate and applicable.
Food and Drug Administration (FDA) Correspondence	If clinical research is conducted under an Investigational New Drug Application (IND) sponsored by a BNL PI, correspondence with the FDA regarding said IND is the responsibility of said PI.

Back to Top

1.0-092004/standard/2v/2v16e011.htm

Send a question or comment to the SBMS Help Desk
Disclaimer

Subject Area: ***Human Subjects Research***

Exempt Human Subjects Research Application

Effective: **September 2004**

Point of Contact: IRB Administrator

The Exempt Human Subjects Research Application is provided as a Word file.

Back to Top

1.2-092004/standard/2v/2v06e011.htm

BROOKHAVEN NATIONAL LABORATORY
INSTITUTIONAL REVIEW BOARD (IRB)
EXEMPT HUMAN SUBJECTS RESEARCH APPLICATION

45 CFR 46.101(b)

To qualify as exempt from the federal policy for the protection of human subjects, proposed research must be limited to one or more of the following categories. Please check the most accurate category.

☐ **(1)** Research conducted in established or commonly accepted educational settings, involving normal educational practices, such as (i) research on regular and special education instructional strategies, or (ii) research on the effectiveness of or the comparison among instructional techniques, curricula, or classroom management methods.

☐ **(2)** Research involving the use of educational tests (cognitive, diagnostic, aptitude, achievement), survey procedures, interview procedures or observation of public behavior, **unless:**
(i) Information obtained is recorded in such a manner that human subjects can be identified, directly or through identifiers linked to the subjects; **and**
(ii) Any disclosure of the human subjects' responses outside the research could reasonably place the subjects at risk of criminal or civil liability or be damaging to the subjects' financial standing, employability, or reputation.

☐ **(3)** Research involving the use of educational tests (cognitive, diagnostic, aptitude, achievement), survey procedures, interview procedures, or observation of public behavior that is not exempt under item (2) of this section, if:
(i) the human subjects are elected or appointed public officials or candidates for public office; or
(ii) Federal statute(s) require(s) without exception that the confidentiality of the personally identifiable information will be maintained throughout the research and thereafter.

☐ **(4)** Research involving the collection or study of existing data, documents, records, pathological specimens, or diagnostic specimens, if these sources are publicly available or if the information is recorded by the investigator in such a manner that subjects cannot be identified, directly or through identifiers linked to the subjects.

☐ **(5)** Research and demonstration projects which are conducted by or subject to the approval of department or agency heads, and which are designed to study, evaluate, or otherwise examine:
(i) public benefit or service programs;
(ii) procedures for obtaining benefits or services under those programs;
(iii) possible changes in or alternatives to those programs or procedures; or
(iv) possible changes in methods or levels of payment for benefits or services under those programs.

☐ **(6)** Taste and food quality evaluation and consumer acceptance studies,
(i) if wholesome foods without additives are consumed or
(ii) if a food is consumed that contains a food ingredient at or below the level and for a use found to be safe, or agricultural chemical or environmental contaminant at or below the level found to be safe, by the Food and Drug Administration or approved by the Environmental Protection Agency or the Food Safety and Inspection Service of the U.S. Department of Agriculture.

Project Title:

Principal Investigator:

Address:

Telephone: **E-Mail:**

Summary of Project: (A summary may be attached)

Principal Investigator _____
Date

IRB Approval _____ _____.
Date IRB Administrator

Exemption # :_____.

IRB Form 016: Approved 08/04/98; Revised 02/18/99; Revised 03/23/99; Revised 06/01/99; Revised 07/07/04

Subject Area: ***Human Subjects Research***

Informed Consent for Participation in Research

Effective: **September 2004**
Point of Contact: IRB Administrator

The Informed Consent for Participation in Research form is provided as a Word file.

Back to Top

1.0-092004/standard/2v/2v04e011.htm

CLINICAL RESEARCH CENTER
MEDICAL DEPARTMENT
BROOKHAVEN NATIONAL LABORATORY
UPTON, NY 11973-5000
INFORMED CONSENT FOR PARTICIPATION IN RESEARCH

NOTE: Instructions are in italics. Standard language for certain sections is provided in normal font. Standard language for other procedures should be taken from the Glossary. The consent form must be written in lay terms and at no greater than reading level of an 11 year old.

Title of Project:

Funding:

You are being asked to take part in a research study. This consent form contains important information to help you decide if you want to take part in this study. If you have any questions that are not answered in this consent form, please ask the member of the research staff who is reviewing the consent form with you for further information before you make your decision about taking part in this study.

- If you are a Brookhaven employee and are directly supervised by the Principal Investigator (____) or Responsible Physician (____) of this study, you may not participate in this study.
- If you are a Brookhaven employee and wish to participate in this study, you must participate on your own time.
- You will be given a copy of the Subject's Bill of Rights.

The purpose of this study is to….
Provide a short, simple statement of the goals of the research. Describe methods to be used (PET, MRI).

If you decide to take part in this study, you will undergo some tests to make sure you are eligible to be a subject in this study. These tests are:
Describe in simple language, step by step, what the subject will go through during the screening process. Include why the tests are being performed and what results will disqualify them from participating in the study. Describe where the tests will take place.

If you are eligible to take part in this study, the following procedures will be performed:

Describe in simple language, step by step, what the subject will go through during their participation in the research. Describe where the study will take place. Discuss transportation of the subject from the CRC to the facility.

Time required: *Describe the duration of each visit and how many visits in total will be required.*

Possible risks/discomforts:
Describe any reasonably foreseeable risks or discomforts and include a discussion of what measures are taken to minimize risks or discomforts. .Include a discussion of what steps will be taken if intervention is required to assist the subject or protect study personnel. Include pregnancy (for all) and breast feeding (if applicable).

Unforeseeable Risks: This study may involve risk to you that is currently unforeseeable.

Alternatives: The only alternative to this study is not to participate.

Possible benefits: You will not benefit directly from participating in this study. However, the study may lead to _____.

Confidentiality: Brookhaven National Laboratory will take all reasonable measures to protect the privacy of your records and your identity will not be revealed in any publication resulting from this study. Your records include information that you provide to members of the research team during your participation in this research project. Your data may be used for different purposes. There are some circumstances when Brookhaven is required by law to disclose certain types of information, such as state requirements to report certain communicable diseases. In addition, there is a possibility that your study record, including identifying information, may be inspected by officials of the Food and Drug Administration, the Office of Human Research Protections of the US Department of Health and Human Services, or other federal or state government agencies that regulate human subjects research in the US in order to protect subjects participating in such research. Representatives from the agency funding this research,
may also inspect the records.

Subject Rights:
- Your participation in this study is voluntary. You do not have to take part in this study if you do not want to.
- You have the right to change your mind and leave the study at any time without giving any reason and without penalty. If you want to leave the study, simply tell one of the members of the research team.
- Your decision not to participate will involve no penalty or loss of benefits to which you are otherwise entitled.
- Any new information relating to this study that becomes available after the study starts that may make you change your mind about being in this study will be given to you.

- You will get a signed copy of this consent form to keep.

Removal from the study: We may remove you from the study without your consent if you no longer meet the eligibility criteria, if it is in your best interest to do so, or if you do not follow study procedures.

In case of injury directly resulting from your participation in this study: Reasonable costs for medical treatment will be covered by BNL. You will not receive additional monetary payment.

Illness: If through your participation in this study is it discovered that you have some medical illness unrelated to this project, you will be told about it by a physician involved in the study. The information can be made available to your physician if you ask them to contact us. Brookhaven will not pay you for any unrelated illness discovered during the study.

If applicable:
Collaborating Institutions: _____is working with Brookhaven on this project and therefore information about you from this study will be shared with researchers at and you may be contacted by ____researchers to arrange for appointments.

Payment: *Indicate method, timing and amount of payment. Include pro-rated payments, as well as total payment that may be obtained. Indicate if there are any additional costs that may result from the subject's participation.*

Because we are paying you, our records may be subject to audit by the sponsor or other federal agency. If you receive payment for participating in this study, it may be considered taxable income.

You may be asked to participate in one or more additional studies for which you qualify. If you decide to participate, you will undergo and be paid for any additional tests or evaluations that you have not already done. You will be asked to sign the consent form(s) for the additional studies. Please check if you would be willing to be contacted for other studies.

_____Yes _____ No

Research Results: The research materials and research data that are produced as a result of your participation in this study are the property of the Brookhaven National Laboratory. If a commercial product is developed from this research project, such as a new drug, you will not have any ownership interest in this product and will not profit financially from such a product.

Questions about the study or your rights as a research subject: If you have questions

about your rights as a research subject, you should call the IRB Chair. If you have any questions about this study, you should call the Responsible Physician. If you are not able to contact the Responsible Physician, you should seek medical attention from your own physician or local hospital.

Responsible Physician: _____ Phone: 631 344-
IRB Chair: Margaret C. Bogosian Phone: 631 344-7338

By signing below, you acknowledge that you have read this consent form, been given the opportunity to ask questions, been told that you will be given a copy for your records and hereby consent to participate in this study.

SIGNED BY: _____.
(Subject or, when necessary, legal guardian) (Date)

The undersigned has explained the above and is willing to answer further inquiries.

_____ _____(Date)

Subject Area: ***Human Subjects Research***

IRB Application Package Checklist

Effective: **September 2004**
Point of Contact: IRB Administrator

The IRB Application Package Checklist is provided as a Word file.

Back to Top

1.0-092004/standard/2v/2v08e011.htm

HUMAN SUBJECTS RESEARCH AT BNL

1. Funding application
   Approval by Department Chair

2. Experimental Safety Review (ESR)
   Approval by Department ESR Committee

3. Radioactive Drug Research Committee Application
   Approval by Department Chair

4. Institutional Review Board Application
   Approval by Department Chair
   Approval by Clinical Research Center Manager
   Approval by IRB

5. CRC Approval
   a. Investigator File
      Approval by CRC Manager
   b. Subject Record
      Approval by CRC Manager
   c. Credentialling
      Review by Credentialling Committee

IRB Application Package Checklist

FORMS

- o PI Request Form
- o Research protocol
- o Consent form(s)
- o Summary Form
- o Grant/funding application
- o Questionnaires/surveys (if applicable)
- o Advertisement (if applicable)
- o Approval(s) and consent form(s) from collaborating institution(s) (if applicable)
- o Investigational New Drug (IND) Approval from Food and Drug Administration (FDA) (if applicable)

APPROVALS/SIGNATURES

- o Signature of Principal Investigator
- o Signature of Responsible Physician
- o Signature of the Chairman of the Principal Investigator
  (*not required for expedited review)*
  - o Scientific merit
  - o Research team personnel appointments
  - o Training
  - o Experimental Safety Review
  - o Quality Assurance
  - o Funding and department resources
  - o Appropriateness of conducting the project at BNL
  - o R2A2s of the PI/RP are appropriate
- o Signature of the Chairman of the Facility (if different)
- o Approval of the CRC Manager
  - o Adequacy of CRC resources and staff
  - o Approval of the CRC Pharmacist (if applicable)
- o Approval from Radioactive Drug Research Committee (RDRC) (if applicable)

BROOKHAVEN NATIONAL LABORATORY
HUMAN SUBJECTS RESEARCH
CONTACT LIST

All Institutional Review Board policies, procedures and documents are available on the Office of Research Administration website: http://www.bnl.gov/ora/IRBSITE.html

The Clinical Research Center Policies and Procedures Manual is available on the Medical Department website: http://www.medical.bnl.gov/medical.htm

Institutional Review Board Administrator
Darcy Mallon
Brookhaven National Laboratory
Bldg. 490
PO Box 5000
Upton, NY 11973-5000
(631) 344-3362 (phone)
(631) 344-3220 (FAX)
mallon@bnl.gov (e-mail)

Institutional Review Board Chair
Margaret Bogosian
Brookhaven National Laboratory
Bldg. 475D
PO Box 5000
Upton, NY 11973-5000
(631) 344-7338 (phone)
(631) 344-3729 (FAX)
bogosian@bnl.gov (e-mail)

Clinical Research Center Manager
John Rowan
Brookhaven National Laboratory
Bldg. 490
PO Box 5000
Upton, NY 11973-5000
(631) 344-3437 (phone)
(631) 344-2653 (FAX)
rowanj@bnl.gov (e-mail)

Clinical Research Center Secretary
Joan Terry
Brookhaven National Laboratory
Bldg. 490
PO Box 5000
Upton, NY 11973-5000
(631) 344-3672 (phone)
(631) 344-2653 (FAX)
jterry@bnl.gov (e-mail)

Subject Area: ***Human Subjects Research***

Proposal Summary

Effective: **September 2004**
Point of Contact: IRB Administrator

The Proposal Summary form is provided as a Word file.

Back to Top

1.0-092004/standard/2v/2v01e011.htm

INSTITUTIONAL REVIEW BOARD APPROVAL
BROOKHAVEN NATIONAL LABORATORY
UPTON, NY 11973

TITLE OF APPLICATION:

PRINCIPAL INVESTIGATOR:

PROPOSAL SUMMARY: In lay terms, briefly describe the purpose of the research, the subjects' participation, and the risks and benefits. Indicate how many subjects will be studied, how many times each subject will be studied, and any substances administered.

This institution has an approved assurance of compliance on file with HHS which covers this activity.

FWA-00000149 Assurance Identification Number

The above titled application has been reviewed and approved by the IRB in accordance with the Human Studies Rules and Regulations. All applicable approvals and consent forms from participating institutions are on file in the Office of Research Administration.

Applicable Consent Forms: #

IND # (If applicable):

The official signing below certifies that the information provided on this form is correct and that the institution assumes responsibility for assuring required future reviews, approvals, and submissions of certification.

M.C. Bogosian, Chair, IRB
Bldg. 475D
Brookhaven National Laboratory
Upton, NY 11973
(631) 344-7338

Signature and date of IRB approval

Effective

IRB Form 005: Approved 08/04/98; Latest revision 08/14/02

Subject Area: ***Human Subjects Research***

Protocol Addendum

Effective: **September 2004**
Point of Contact: IRB Administrator

The Protocol Addendum form is provided as a Word file for viewing and printing.

Back to Top

1.0-092004/standard/2v/2v09e011.htm

OFFICE OF RESEARCH ADMINISTRATION
BROOKHAVEN NATIONAL LABORATORY
Upton, New York 11973

IRB Protocol No.

PROTOCOL ADDENDUM

Title:

A. **Description of Addendum:**

B. **Justification for Addendum:**

C. **Relevance to Original Protocol:**

D. **Increased Risk to Subject:**
If there is increased risk to subject, will the requirement for a physician presence be changed?

E. **Number and Justification for Subjects Requested (Include power calculations):**

F. **Disease State, Sex and Age Range of Subjects Requested:**
If vulnerable subjects are used, document method of determining subject is able to give consent and note where documentation is maintained.

G. **Method of Subject Recruitment:**

Please Attach the Following, if Applicable:

___ New or Revised Consent Form(s)
___ Approval(s) and Consent Form(s) from Collaborating Institution(s)
___ Radioactive Drug Research Committee approval

IRB Form 004: Approved 08/04/98; Revised 06/01/99; Revised 09/14/99; Revised 02/22/01

Subject Area: ***Human Subjects Research***

Request for IRB Review

Effective: **September 2004**

Point of Contact: IRB Administrator

The Request for IRB Review form is provided as a Word file.

Back to Top

1.2-092004/standard/2v/2v02e011.htm

OFFICE OF RESEARCH ADMINISTRATION **IRB #**
BROOKHAVEN NATIONAL LABORATORY

REQUEST FOR IRB REVIEW

General Information

Title of Project:_____

Principal Investigator:_____ Degree(s): _____

Address: (Dept. and Bldg. No. if at BNL): _____

Phone: _____ Fax: _____ E-Mail: _____

Responsible Physician:_____

Participating Physicians: _____

Collaborating Institution(s): _____

Other Investigators: _____

Funding Source: (**attach application**)_____ BNL Account Number: _____

Proposed Start Date: _____ Proposed Project Period: _____

Type of Review Requested

___ Initial application _____Addendum

Checklist

- ☐ Protocol
- ☐ Consent Form(s)
- ☐ Advertisements or flyers (if applicable)
- ☐ Collaborating institution IRB approval and consent form(s) (if applicable)

COMPLETE AND ATTACH APPENDICES ONLY IF APPLICABLE

☐ Radioactive tracer/External radiation ☐ N/A
- ☐ Investigational New Drug
- ☐ Radioactive Drug Research Committee

Complete Appendix I

☐ Drug administered ☐ N/A
- ☐ Investigational New Drug
- ☐ FDA Approved Drug

Complete Appendix II

☐ Genetic samples obtained ☐ N/A

Complete Appendix III

Principal Investigator's Attestation:
I am familiar with the BNL requirement to abide by (a) the ethical principles set forth in "The Belmont Report", (b) the conduct of research guidelines stated in "E6: Good Clinical Practice: Consolidated Guideline", (c) HHS's policies on institutional review of experiments involving human subjects and (d) FDA policies on investigational drugs and research involving their use. This clinical investigation will be carried out in conformance with these policies. In particular, informed consent statements will be obtained before beginning a study, and the study will be carried out in compliance with the protocol approved by the Institutional Review Board (IRB). I understand that any changes to this protocol must be approved by the IRB prior to being implemented. I have read and will comply with BNL's IRB and Clinical Research Center (CRC) Investigator Manuals. I understand this protocol will be reviewed no less than annually, and I will be required to submit requested information each year for this protocol.
I am aware that all research outlined in this protocol must be carried out under approved Experimental Safety Review(s) (ESR) and that this protocol must contain the same information as that listed in the approved ESR(s). I am aware that it is my responsibility to ensure that all individuals working on this protocol have been listed on an appropriate ESR and that their training is appropriate and up to date.
If this study involves a radioactive substance under the jurisdiction of the Radioactive Drug Research Committee (RDRC), I accept the responsibility for radiation safety throughout this study and agree to contact the Radiation Safety Office and the RDRC Chairman within 24 hours of any excessive radiation exposure, contamination, or adverse reactions. I agree to provide the RDRC with a fully completed form FD 2915 (Report on Research Use of Radioactive Drug: Study Summary) when any of the following conditions are applicable: 1) studies on 30 subjects have been completed; 2) prior to January 15 following each year during which the study is active; and 3) at the completion of the study. I understand it is my responsibility to design this study so that the amount of radioactive material administered to the subject gives the lowest radiation dose that experimental results under this protocol have shown to give scientifically meaningful results.

Principal Investigator _____ Date _____

Responsible Physician's Attestation:
I attest that all issues of subject care have been appropriately addressed in this Request for IRB Review:
Responsible Physician _____ Date _____

Department Chair's Attestation: (*Not required for expedited review)*
I attest that the following issues have been appropriately addressed in this Request for IRB Review:
1. Scientific merit
2. Appropriateness of conducting the proposed study at Brookhaven;
3. Adequacy of funding and department resources to support this project;
4. Current approved Experimental Safety Review;
5. Appropriateness of the expertise and experience of the PI and project personnel;
6. Completion by PI and project personnel of all required departmental/facility specific training;
7. Scientific processes (such as isotope preparation, machine calibration and tissue culture work) related to the protocol are adequately performed and controlled so as to support the level of risk factors listed by the PI; and
8. R2A2s of the Principal Investigator and/or Responsible Physician contain the required provisions related to conducting research on human subjects.

PI's Department Chair_____ Date _____

Facility's Department Chair_____ Date _____
(If different than above)

CRC Manager's Attestation:
I attest that the following issues have been appropriately addressed in this Request for IRB Review:
1. Adequacy of CRC resources and staff to support this protocol;
2. PI and project personnel have completed all required training for research on human subjects and have full credentials; and
3. The CRC Pharmacist has reviewed and approved the protocol (if required)

CRC Manager _____ Date _____

IRB Form 022: Approved 07/16/02; Revised 07/27/04

GAC
PROTOCOL COVER LETTER

Protocol Number and Title:
Principal Investigator:

1. CORIHS Approved? Yes □ No □
   Other IRB approvals: Yes □ No □

2. Are the drugs/devices used in this protocol FDA approved? Yes □ No □
   If not does the Investigator have an IND/IDE? Yes □ No □

3. Does this protocol include proper gender, minority and children inclusion? Yes □ No □

   If not, do they provide justification? Yes □ No □

4. If this protocol is funded by industry, is the budget included? Yes □ No □

5. Reviewed and approved by biostatisticianYes □ No □

6. Radiation exposure for protocol _____

   Has this protocol been signed off by radiation safety? Yes □ No □ N/A □

7. GCRC utilization: # of subjects_____ x # visits/subject ____ = _____ visits
Stony Brook Site
   Ancillaries:
   Core Laboratory Assays:
   Biostatistics/Informatics Core Requirements:
   Financial Implications:
   Potential for overnight stay at GCRC: Unlikely/None ☐ Possible ☐
   Likely ☐ Definite ☐
Brookhaven Site
   PET:
   MRI:
   Labs:

Funding source(s):

Physician of Record:
(If not SBU physician) credentialing institution:

Can this protocol be categorized as Rare Disease Research? Yes □ No □

Rare disease refers to "any disease or condition that either affects less than 200,000 persons in the US or more than 200,000 persons in the US, for which there is no reasonable expectation that the cost of developing/making available in the US a drug for such a disease or condition will be recovered from sales in the US of such drug or agent". April 2004 Guidelines

Subject Area: ***Human Subjects Research***

Research Protocol

Effective: **September 2004**
Point of Contact: IRB Administrator

The Research Protocol form is provided as a Word file.

Back to Top

1.2-092004/standard/2v/2v13e011.htm

Send a question or comment to the SBMS Help Desk
Disclaimer

Brookhaven National Laboratory
Upton, New York 11973

IRB PROTOCOL #

TITLE

Principal Investigator: _____
Name **Date**

A. SPECIFIC AIMS

B. BACKGROUND AND SIGNIFICANCE

C. PRELIMINARY RESULTS

D. EXPERIMENTAL DESIGN AND METHODS

E. BIOSTATISTICS

F. JUSTIFICATION FOR USE OF GENERAL CLINICAL RESEARCH CENTER

G. FUNDING

H. HUMAN SUBJECTS

1) Risk to Subjects

a. Characteristics: Describe the characteristics of the subject population, including their anticipated number, age range, and health status. Identify the criteria for inclusion or exclusion of any subpopulation. Explain the rationale for the involvement of special classes of subjects, such as fetuses, pregnant women, children, prisoners, or others who may be considered vulnerable populations. **Justify excluding subjects based on race or sex or excluding children.**

b. Sources of Materials: Identify the sources of research material obtained from individually identifiable living human subjects in the form of specimens, records, or data. Indicate whether the material or data will be obtained specifically for research purposes or whether use will be made of existing specimens, records, or data

c. Potential Risks: Describe the potential risks (physical, psychological, social, economic, legal, or other) and assess their likelihood and seriousness to the subjects. Where appropriate, describe alternative treatments and procedures, including the risks and benefits of the alternative treatments and procedures to participants in the proposed research.

2) Adequacy of Protection Against Risks

Recruitment and Informed Consent: Describe from where the subjects will be recruited and what arrangements have been made with other institutions (if applicable). Describe by whom and how the recruitment is performed. Attach a copy of advertisements and/or flyers and state where they will be placed.

Indicate who will give subjects detailed and comprehensive information about the study and obtain their written consent. Indicate how the consenting process will be structured to ensure independent and thoughtful decision-making, and what steps will be taken to avoid coercion and guarantee confidentiality. Indicate how, and by whom, it will be determined that the subject is able to give informed consent, or whether the subject's legal guardian will give informed consent.

3) Potential Benefits of the Proposed Research to the Subjects and Others

Discuss the potential benefits of the research to the subjects and others. Discuss why the risks to subjects are reasonable in relation to the anticipated benefits to subjects and others.

4) Importance of the Knowledge to be Gained

Discuss the importance of the knowledge gained or to be gained as a result of the proposed research. Discuss why the risks to subjects are reasonable in relation to the importance of the knowledge that reasonable may be expected to result.

Note: If a test article (investigational new drug, device, or biologic) is involved, name the test article and state whether the 30-day interval between submission of applicant certification to the Food and Drug Administration and its response has elapsed or has been waived and/or whether use of the test article has been withheld or restricted by the FDA.

5) Specific methods and techniques used for the study

a. Laboratory tests (e.g., blood tests, urine tests, CSF tests, EKGs). Indicate purpose, amount and timing of tests performed.

b. Study Techniques (e.g. imaging techniques including the instruments used, time required for each study, cognitive assessments)

c. Subject Timeline (attach a study flow chart illustrating subject visits)

6) Screening Interview/questionnaire

If an interview or questionnaire will be used for screening, attach a copy and indicate where, how and by whom the interviews will be conducted and the qualifications of those involved.

7) Transportation

Describe subject transportation.

8) Study performance location

Indicate where all portions of the study will take place. For portions of the study performed at BNL, list building numbers.

9) Personnel

Indicate, by title, who will be present during study procedure(s) and their proximity during the study.

10) Subject fees

Indicate how much subjects will receive for each portion of the study and the reimbursement schedule to be used if the subject withdraws or is withdrawn during the study. Indicate if travel costs be reimbursed.

11) Study results

Describe potential study findings and circumstances that might lead to disclosure of results to subjects. Disclosure should only occur when the following apply:

a. the findings are scientifically valid and confirmed;

b. the findings have significant implications for the subject's health concerns; and

If results are to be disclosed, describe how appropriate medical advice will be provided.

12) Certificate of Confidentiality

A Certificate of Confidentiality should be obtained for research involving collection of information that, if disclosed, could have adverse consequences for subjects or damage their financial standing, employability, insurability, or reputation. For more information, go to: http://grants1.nih.gov/grants/policy/coc/index.htm

13) Collaboration

If this is a collaborative effort with another institution, explain the collaboration and attach a copy of their current IRB protocol, consent form and approval.

I. REFERENCES

Complete and submit applicable appendices

Appendix 1: Radionuclide

Appendix 2: Use of Drug or Other Chemical to be Administered

Appendix 3: Genetics

APPENDIX 1
RADIONUCLIDE

A. Radionuclide

1. **Species:** Radionuclide or labeled compound, e.g., ^{24}NaCl or 1-^{14}C-glucose.

2. **Physical Characteristics:**
   a. physical half-life
   b. type of decay
   c. energy, and relative frequency of major emissions
   d. average energy, if known

3. **Source:** (Reactor, cyclotron, hot lab, commercial supplier)

4. **Preparation:** (Target material, quantity, special problems, location)
   Give details of preparation if this is not a previously approved radiopharmaceutical. Use separate pages to describe synthetic scheme, narrative description of synthesis.

5. **Composition:** List how are the following determined:
   a. chemical purity,
   b. radiochemical purity,
   c. pH,
   d. dosage,
   e. sterility and pyrogen-free status

6. **Specific Activity and Isotopic Purity of Administered Material:**
   a. List the minimum and maximum amount of activity of each radiotracer to be administered.
   b. Calculate the maximum total mass injected of each radiotracer.
   c. Supply documentation that this amount will not cause clinically detectable pharmacological effects.

7. **Outside Materials:**
   If any radioactive material is brought into BNL from an outside source such as a commercial supplier or other radioisotope production facility, a certificate of analysis must be supplied.

8. **Instruments or devices used to measure the radioactivity after administration to the subject:** (e.g., tomograph)

9. **Radioassay and Calibration Procedures:** (Include validation to be performed at BNL prior to use)

10. **Route of Administration and Vehicle:**

11. **Procedures for Controlling Sterility and Pyrogenicity:**
    Note if the commercial isotopes used are certified as ready for administration to humans.

12. **Pertinent Side Effects:**
    Describe any pharmacological or toxic actions of the parent compound or vehicle.

B. Radiological Health Aspects

1. **Hazards to Other Subjects and to Personnel From External or Internal Radiation:** (e.g., mr/hr. at 1 meter at the time of radioisotope injection)

2. **Personnel Monitoring Procedures, If Necessary:**

3. **Special Procedures for Handling Waste Products, Excreta, and Biological Samples:**

4. **Supply a Plan for Isotope Accountability:**

C. Radiation Dosage

1. **Biological Half-Life or Physical Half Live:** State whether the physical half-life of the radioisotope us shorter than the biological half-life, and by how much.

2. **Dosimetry:**

Supply a dosimetry table for the maximum amount of radioactivity to be injected. The table should include contributions from all radioactivity administered. **List minimum and maximum injected activity to be administered.**

Organ	Dose to Organ Cmpd.1 dose = mCi	Dose to Organ Cmpd.2 dose = mCi	Dose to Organ Cmpd.3 dose = mCi	Total Dose to organ

The maximum allowable dose for a single injection is 3000 mR to the whole body, active blood-forming organs, lens of the eye and gonads. The dose to any other organ cannot exceed 5000 mR.

The maximum allowable dose for one year is 5000 mR to the whole body, active blood-forming organs, lens of the eye and gonads. The dose to any other organ cannot exceed 15000 mR.

3. **Organ, Cellular, or Subcellular Localization:** If any non-radioactive agent is being administered, will that agent alter the distribution of the radioactivity? If so, briefly describe what effect the non-radioactive agent will have upon that distribution

a. **Critical or "Target" Organ(s)**

b. **Gonadal Exposure**

4. **Give a Literature Reference for the Dosimetry. If none is available, then give sample calculations:** If standard software packages (such as MIRDose 3) are being used, give the residence time in the organ. Dosage should be calculated for the whole body and for "target" or other separate organs, where indicated. Prototype equations are desired; not extensive calculations. Where applicable, the Medical Internal Radiation Dose (MIRD) Committee's recommended methods (J. Nuclear Medicine Supplements) should be used. Otherwise, standard dosage equations from references such as Hine and Brownell's *Radiation Dosimetry,* and the *National Bureau of Standards Handbook 69*, should be given and the reference cited. The relationship to the administered dose should be clarified.

D. Maintenance of records of radionuclide administration and subject response:

List how records are maintained and indicate their location.

E. External Subject Irradiation:

1. **List radiation source**

2. **List whole-body dose to the subject**

3. **List organ or area where the radiation is concentrated and give dose**

4. **Describe how radiation dose to the subject is verified**

5. **Describe how the radiation source is calibrated**

6. **Describe how possible leakage from the external radiation source is monitored**

APPENDIX 2

USE OF DRUG OR OTHER CHEMICAL TO BE ADMINISTERED

(Complete for each agent)

A. FDA Approved: _____ Yes _____ No

B. IND #
IND Sponsor:

C. Generic Name/Brand Name:

D. Source of Material:
State whether commercial vendor, prepared by BNL or by another institution

E. Approved Indications and Usage:

F. Approved Dosage and Route of Administration:

G. Specify use under this protocol:
Include dose and route of administration.

H. Determination of Chemical Purity, pH, Dosage, Sterility and Pyrogen-free Status:

I. Contraindications/Precautions:

J. Side Effects/Adverse Reactions:

K. Other Warnings:

L. If drug is a controlled substance, indicate security procedures:

M. Maintenance of records concerning drug administration and subject response:
List how records are maintained and indicate their location.

APPENDIX 3

GENETICS

New York State Law Definition of a Genetic Test:
A genetic test shall mean any laboratory test of human DNA, chromosomes, genes or gene products to diagnose the presence of a genetic variation linked to a predisposition to a genetic disease or disability in the individual or in the individual's offspring; such term also shall include a DNA profile analysis.

Information on the following issues must be included in the protocol.

A. General Information

1. **Must include genetic counseling before participation in research.** Such counseling must be discussed in the consent form, and method for payment for the counseling must be clearly delineated.

2. **Must include anticipated findings and unanticipated discoveries.**

3. **Must include a plan for disclosing certain information to the subject.**

B. Specimens

1. **Indicate location of biological specimens:** (Building, room number)

2. **Indicate type of the specimen:** (Liquid (blood), cells, tissue)

3. **Indicate how specimen will be stored: (**Fixed, frozen, partially processed)

4. **Indicate how long specimen will be kept:**

5. **Indicate if the specimen will be subdivided for different uses and list such uses**:

6. **Indicate what happens to the specimen if the subject withdraws from the study.** Will the specimen be destroyed? Will the specimen be kept, but all identifiers removed (needs subject's consent)?

C. Genetic Information

1. **List who will be given genetic information obtained: (**Subject, family, doctor, employer, insurance company)

2. **List under what circumstances genetic information is given:**

3. **Indicate what type of information will be given to the subject about themselves and/or relatives:**

4. **Indicate what information will be withheld from the subjects:**

   a. Subjects must be informed they have a right not to know about genetic results.

   b. If the tests reveal a possibility of a genetically related disease and if this information would improve the prognosis of the disease by instigating early treatment, the subject should be told. This point must be clearly stated in the consent form along with the need to share the information with relatives who also may have the potential to develop the disease.

c. If the genetic test results are given to the subject, they must:

- be scientifically valid and confirmed
- have significant health implications
- be useful for ameliorating or treating the disease (a potential direct benefit to the subject)

D. Security, Anonymity and Confidentiality

1. **Indicate whether the subject's record will be reviewed and linked to genetic data or the specimen:**

Will the link remain anonymous? How will anonymity be assured?

2. **List who will have access to the data and specimens:**

How will subject anonymity be retained? Are there possible multiple uses of data and specimens? If so, the subject must be informed.

E. Risks

1. List any potential non-physical risks to a subject from learning about their health or genetic status? (Insurability, employment opportunities, untreatable diseases, family stress)

Subject Area: ***Human Subjects Research***

Study Termination

Effective: **September 2004**

Point of Contact: IRB Administrator

The Study Termination form is provided as a Word file.

Back to Top

1.0-092004/standard/2v/2v14e011.htm

Study Termination

1. Please indicate the reason for terminating the study: _____

_____

2. Please list the number of subjects studied since the last IRB review: _____

3. Were there any adverse or unexpected events? ___Yes ___ No.

If yes, were the adverse/unexpected events likely related to the research protocol? ___Yes ___ No.

If yes, please summarize the events and indicate if changes were made to the protocol as a result.

_____

_____

4. Did the adverse/unexpected events change the risk/benefit ratio? If yes, please describe. _____

_____

_____

5. Please provide a brief summary of the results of the research. Have/will the results be published? _____

_____

_____

_____

_____

_____

_____

_____

I affirm that all individuals listed on this protocol, including collaborators from other institutions, have been notified that this protocol is terminated.

Signed

Principal Investigator Date Responsible Physician Date

IRB Form 014; Approved 09/14/99

Revision History: Human Subjects Research

Point of Contact: Institutional Review Board (IRB) Administrator

Revision History of This Subject Area

Date	Description	Management System
September 2004 -- Minor Rev. 1.1	The Request for IRB Review Form was revised to add information about submissions to the Stony Brook General Advisory Committee; the Research Protocol Form was revised to add information from the Stony Brook application; the POC on the Exempt Human Subjects Research Form was changed to the IRB Administrator.	Science and Technical Program Management
September 2004 -- Minor Rev. 1.1	The Outline for FDA Investigational New Drug (IND) Progress Report exhibit is deleted from this subject area.	Science and Technical Program Management
September 2004 --Major Rev. 1.0	This subject area describes the procedures which are required for initiating and implementing research involving human subjects. This subject area replaces Standard Practice Instruction (SPI) 7-01, Operation of the Clinical Research Center of the Medical Department and SPI 7-03.	Science and Technical Program Management

	Research Involving Human Subjects.	

Back to Top

1.2-092004/standard/2v/2v00a011.htm

Send a question or comment to the SBMS Help Desk
Disclaimer